Application Data Sheet

Application Information

Divisional **Application Type::**

Utility Subject Matter::

Suggested classification::

1642 Suggested Group Art Unit::

CD-ROM or CD-R?:: None

Computer Readable Form (CRF)?:: Yes

ANTIBODY/RECEPTOR TARGETING Title::

MOIETY FOR ENHANCED DELIVERY OF

ARMED LIGAND

018734-0210 **Attorney Docket Number::**

No Request for Early Publication?::

No Request for Non-Publication?::

Suggested Drawing Figure::

Total Drawing Sheets::

Small Entity?:: Yes

No Petition included?::

Licensed US Govt. Agency:: National Institutes of Health

CA 39841-13 and RR 12603 **Contract or Grant Numbers One::**

No **Secrecy Order in Parent Appl.?:**

Applicant Information

Given Name::

Inventor **Applicant Authority Type::**

Primary Citizenship Country:: US

Status::

Full Capacity

BURTON Family Name::

City of Residence:: Long Island City

Jack D.

State or Province of

NY

Residence::

Country of Residence:

US

Street of mailing address::

33064 21st Street, #11B

City of mailing address::

Long Island City

State or Province of mailing

NY

address::

Postal or Zip Code of mailing

11106

address::

Applicant Authority Type::

Inventor

Primary Citizenship Country::

US

Status::

Full Capacity

Given Name::

David M.

Family Name::

GOLDENBERG

City of Residence::

Mendham

State or Province of

NJ

Residence::

Country of Residence::

US

Street of mailing address::

330 Pleasant Valley Road

City of mailing address::

Mendham

State or Province of mailing

NJ

address::

Postal or Zip Code of mailing

07945

address::

Correspondence Information

Correspondence Customer Number::

22428

E-Mail address::

PTOMailWashington@Foley.com

Representative Information

Representative Customer	22428	
Number::		

Domestic Priority Information

Application::	Continuity Type::	Parent	Parent Filing
		Application::	Date::
This Application	Division of	09/231,642	01/15/1999
09/231,642	An application claiming the benefit under 35 USC 119(e)	60/071,520	01/15/1998

Foreign Priority Information

Country::	Application	Filing Date::	Priority Claimed::
	number::	,	

Assignee Information

Assignee name::

Center for Molecular Medicine and

Immunology